

Firefighter Bill Romaka – a 9/11 first responder

- Current Sergeant-at-Arms/Health and Safety Officer of the Uniformed Firefighters Association Local 94 of the IAFF since 2005.
- Committees
 - World Trade Center Medical Monitoring and Treatment Committee since 2005
 - World Trade Center Analytic Methods Workgroup, 2009-2010
 - 9/11 Workers Protection Task Force (representing UFA President Steve Cassidy) since 2006
 - World Trade Center Community Labor Coalition, 2005-2008
 - IAFF Redmond Symposium Panel on Zadroga Bill, August 2011
 - Conferences Attended:
 - Medical Experts Advisors Meeting, May 24th – 25th, 2006
 - Expert Panel/Workshop on Cancer and Mortality Studies with WTC Exposed Populations, April 6th, 2007
 - WTC Expert Cancer Presentation, June 21st -22nd, 2010
 - WTC Health Conditions: Scientific Update, January 5th, 2011

The First Responders

(with documented exposures)

- NYC Firefighters
- NYC Fire Officers
- NYC Emergency Medical Service
- NYC Police Officers
- NYC Superior Police Officers (includes Detectives, Lieutenants, Captains, etc.)
- NY/NJ Port Authority Police and its Unions

WTC Related Ailments

- Upper Respiratory Tract
(sinusitis, rhinitis, upper airway hyperreactivity, etc)
- Lower Respiratory Tract
(bronchitis, asthma, reactive airway dysfunction syndrome, etc.)
- GERD
- Persistent Cough
- PTSD, Depression, Anxiety
- Auto-immune diseases?
- Cancers?

Continual Problems?

- The biggest complaint of members in the World Trade Center Medical Monitoring and Treatment Program is that when a first responder is diagnosed with Cancer in the program, they are told that they have to seek treatment elsewhere.
- The co-pays, deductibles and loss of benefits contribute to the financial ruin of what was once a contributing first responder and their respective families.

Continual Problems?

- In the law enforcement responder cohort, frustration and concern has been expressed about the nature and extent of the data gathering as it relates to police officers having Cancer. Though the PBA has worked with Mt. Sinai to identify members who have been diagnosed with cancer to ensure the accuracy of their reporting, to their knowledge Mount Sinai has not contacted the NYPD to gain access to the NYPD database so that they could then do complete matching against tumor registries as does FDNY. This action would ensure a greater level of accuracy.

Continual Problems?

- For some time, the Program did not accept reports of cancer. Even now, cancer is not a covered illness, which is itself a deterrent to report information about cancers. Many responders with cancer have informed the PBA that they do not wish to waste precious time participating in a monitoring and treatment program that does not treat their disease. They spend enough time in medical offices. In addition, the PBA understands that 49 deceased officers may not be included, a decision that will skew results.

The Known Exposure

- Since 9/11, the FDNY has had almost **1,750** firefighters and fire officers retire due to pulmonary disabilities.* During this time frame, based upon prior data and knowledge, the predicted retirements related to pulmonary disease was approximately **480**.

*FDNY certifies members as disabled through medical evidence submitted to a Board of Doctors, and then are granted a Line-of-Duty Pension through a Pension Board made up of City Government and Union representation.

Multiple Myeloma?

- In the Moline et al case series “Multiple Myeloma in World Trade Center Responders: A Case Series” reported in the *American College of Occupational and Environmental Medicine* (2009), it shows that this disease is showing in much younger (less than 45 years old) exposed police officers first responders in numbers that were approximately 4 times the expected SEER cases in the general population.

First Periodic Review of Scientific and Medical Evidence Related to Cancer for the World Trade Center Health Program

- In the Cancer Epidemiology section, under Observed Associations and Causal Associations, the authors point out that in the United States, the probability that a person will develop Cancer during their lifetime is one in two for men, and one in three for women (ACS 2010).
- According to the National Cancer Institute's SEER Cancer Statistic Review, the median age of Cancer patients at diagnosis for males was stated as **68** years old. In the recently published FDNY Cancer Study appearing in *The Lancet*, the mean age of first Cancer diagnosis was **52.5** years.

“An Early Assessment of Cancer outcomes in NYC Firefighters after the 9/11 attacks: an observational cohort study”

- In this peer reviewed scientific study it states, “An association between WTC exposure and cancer is *biologically plausible*, because some contaminants in the WTC dust, such as polycyclic aromatic hydrocarbons, polychlorinated biphenyls, and dioxins, are known carcinogens. Although some contaminants could cause cancer directly, WTC exposure could also trigger chronic inflammation, through microbial infections, autoimmune diseases, or other inflammatory disorders, all of which have been reported as factors in oncogenesis, both experimentally and epidemiologically. The prevalence of specific cancers (ie, prostate, thyroid, melanoma, non-Hodgkin lymphoma) associated with inflammation was also increased in our analysis.” (Zeig-Owens et al, 2011)

NIOSH and our Government's History

- NIOSH already has a history of covering Cancer under its Special Exposure Cohort (SEC) and Energy Employees Occupational Illness Compensation Act (EEOICPA) once provisions of eligibility have been met. Over 8 years it has paid out **\$5 Billion** in benefits to **52,600** claimants. Its provision further states the following:
 - “b. Medical Care. *An employee who meets the statutory conditions of coverage is entitled to prospective medical care required to cure, give relief, or reduce the degree or period of disability. Provider charges associated with the treatment of an accepted medical condition will be paid from the compensation fund and are subject to a fee schedule.*”

NIOSH and our Government's History

(Continued)

- The United States Department of Veterans Affairs “assumes that certain diseases are related to qualifying military service. These are called **‘presumptive diseases.’** VA has recognized certain cancers and other health problems as presumptive diseases related to exposure to Agent Orange or other herbicides during military service.”

(Source: <http://www.publichealth.va.gov/exposures/agentorange/diseases.asp>)

The Zadroga Bill

- The mandate of the law to include periodic review of a link between cancer and exposure at the WTC sites suggests that there was reason to believe that exposure to the toxins at the WTC sites may lead to increase in the cancer rates.
- According to the language of the statute, the Program Administrator was required to review the scientific data regarding cancers no later than 180 days after the enactment of the legislation. This language speaks directly to the intent of Congress to have the basis for inclusion be on **biological plausibility** of a casual connection rather than on an exhaustive scientific process which would be completed when few, if any, responders would be alive to avail themselves of the treatment component of the law.

Unique Event?

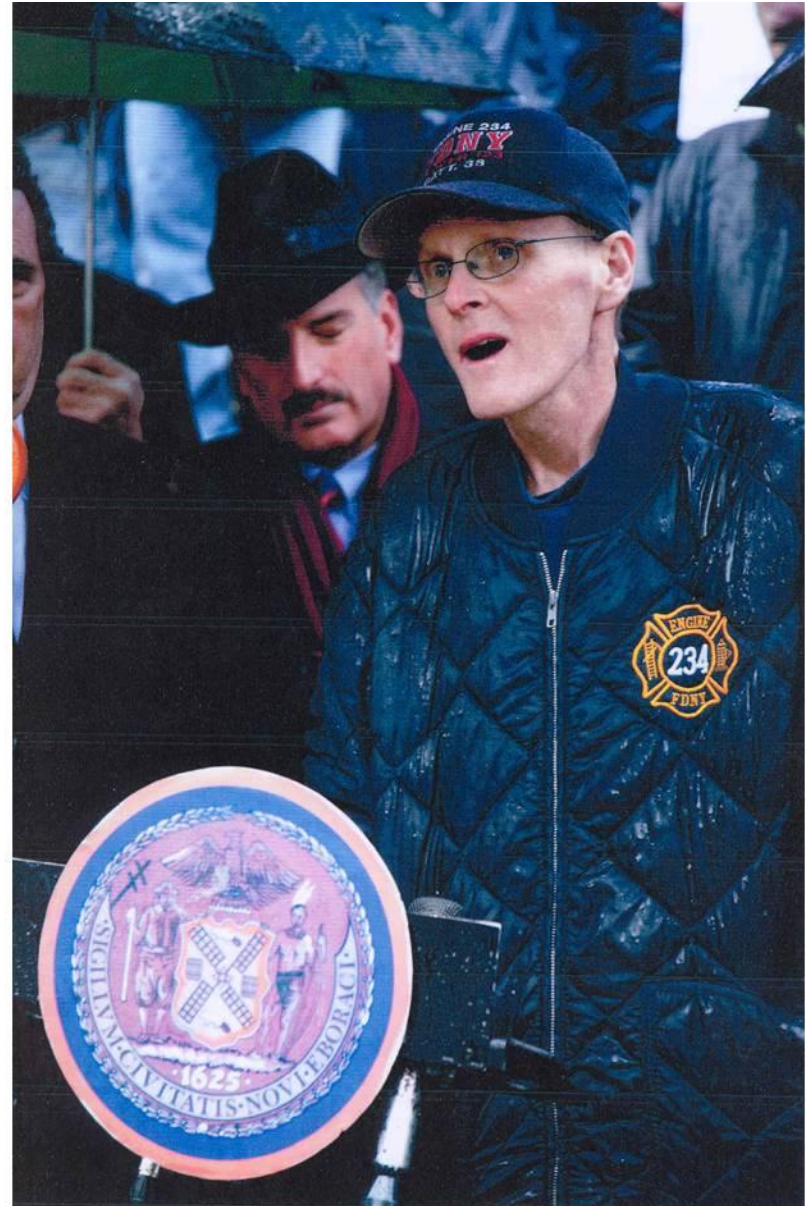
- Science analyzes, documents and compares. Science loses some relevance when there is no similar comparison to make. The exposure on 9/11 involved a very unique synergism that may take decades to fully analyze and understand. Unfortunately, there is no comparison to help make sense of this data in a timely fashion that might save lives!!!
- The NYS Legislature and Governor recognized this uniqueness and approved a presumptive accident disability benefit for all NYS and City workers who were exposed at the WTC sites. This presumption already includes Cancers.

Cancer Experts

- On May 24th and 25th, 2006 at the WTC Medical Experts Advisors Meeting, the Cancer experts told everyone that the first Cancers to be seen would be the blood cancers and the leukemias. This has been borne out by the science.
- **Biological plausibility** based upon what the experts have predicted and what we are seeing, should be the relevant factors upon which policy is made.
- Documented exposure with early scientific evidence should support adding additional conditions.



John McNamara—FDNY Engine 234—WTC 2001



John McNamara—FDNY Engine 234—2009